

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN VOTE!

ADDRESS (number and street) ▼

1800 M Street, NW

Ste 375N

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00473918

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Caroline Fines

Signature of Treasurer

Caroline Fines

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WOMEN VOTE!

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date			
6. (a) Cash on Hand January 1, <table><tr><td>Y Y Y Y Y</td></tr><tr><td>2016</td></tr></table>	Y Y Y Y Y	2016		<table><tr><td>1525736.05</td></tr></table>	1525736.05
Y Y Y Y Y					
2016					
1525736.05					
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td>920594.29</td></tr></table>	920594.29			
920594.29					
(c) Total Receipts (from Line 19) .....	<table><tr><td>5524401.00</td></tr></table>	5524401.00	<table><tr><td>10504694.53</td></tr></table>	10504694.53	
5524401.00					
10504694.53					
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td>6444995.29</td></tr></table>	6444995.29	<table><tr><td>12030430.58</td></tr></table>	12030430.58	
6444995.29					
12030430.58					
7. Total Disbursements (from Line 31).....	<table><tr><td>4611693.33</td></tr></table>	4611693.33	<table><tr><td>10197128.62</td></tr></table>	10197128.62	
4611693.33					
10197128.62					
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td>1833301.96</td></tr></table>	1833301.96	<table><tr><td>1833301.96</td></tr></table>	1833301.96	
1833301.96					
1833301.96					
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>0.00</td></tr></table>	0.00			
0.00					
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td>21714.29</td></tr></table>	21714.29			
21714.29					



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**WOMEN VOTE!**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1875900.00	5653018.53
(ii) Unitemized .....	635.00	3810.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	1876535.00	5656828.53
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3647866.00	4127866.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	5524401.00	9784694.53
12. Transfers From Affiliated/Other Party Committees.....	0.00	720000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... ►	5524401.00	10504694.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	5524401.00	10504694.53

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2635459.56	3029135.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2635459.56	3029135.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	525000.00
24. Independent Expenditures (use Schedule E) .....	1976233.77	6642993.11
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4611693.33	10197128.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4611693.33	10197128.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5524401.00	9784694.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5524401.00	9784694.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2635459.56	3029135.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2635459.56	3029135.51

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: F3XN  
Transaction ID :

Reporting Underlying Vendor for Future Independent Expenditures. Future Independent Expenditures will be Reported Under Vendor Name.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Michael Bloomberg**

Mailing Address 17 E 79th Street

City State Zip Code  
 New York NY 10075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bloomberg LP

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2016

**Transaction ID : 4620355**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Mary Delaney**

Mailing Address 436 14th Street, Suite 1417

City State Zip Code  
 Oakland CA 94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akonadi Foundation

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : 4649822**

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Marian Dines**

Mailing Address 3595 Nyland Way

City State Zip Code  
 Lafayette CO 80026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Financial Planner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : 4649821**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1505000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Dennis Eck**

Mailing Address 2877 Paradise Road Unit 1802

City

Las Vegas

State

NV

Zip Code

89109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Retail

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

Transaction ID : 4651166

Amount of Each Receipt this Period

90000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kay Gabbert**

Mailing Address 1408 North Kingshighway Blvd

City

Saint Louis

State

MO

Zip Code

63113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Roberts Companies

Occupation

CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2016

Transaction ID : 4644447

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Barbara Lee**

Mailing Address 131 Mount Auburn Street, Suite 2

City

Cambridge

State

MA

Zip Code

2138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Investor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

Transaction ID : 4633888

Amount of Each Receipt this Period

100000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Margaret Loeb**

Mailing Address 15 Central Park West  
PH 39

City State Zip Code  
New York NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not-Employed

Not-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2016

Transaction ID : 4621508

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Marcena Love**

Mailing Address 1175 Pelham Road

City State Zip Code  
Winnetka IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not-Employed

Activist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016

Transaction ID : 4641193

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Laurie Michaels**

Mailing Address PO Box 158

City State Zip Code  
Woody Creek CO 81656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Psychologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2016

Transaction ID : 4630070

Amount of Each Receipt this Period

100000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

117000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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PAGE 10 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. James Niess**

Mailing Address PO Box 404

City State Zip Code  
Makawao HI 96768

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Architect

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 4651467**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. David Shaw**

Mailing Address 120 West 45th Street, 39th Floor

City State Zip Code  
New York NY 10036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

D.E. Shaw

Biomedical Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

**Transaction ID : 4649827**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Gail Stephens**

Mailing Address 7975 Lahontan Dr

City State Zip Code  
Truckee CA 96161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Not-Employed

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016

**Transaction ID : 4637393**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Lynde Uihlein**

Mailing Address 2042 W Ranch Rd

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Time Out Enterprises/Brico Foundation

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

06 / 29 / 2016

**Transaction ID : 4649823**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Judith Williams**

Mailing Address 13 Ute Circle

City

Santa Fe

State

NM

Zip Code

87505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Not-Employed

Occupation

Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 10 / 2016

**Transaction ID : 4628773**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

52500.00

1875900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

## **A. Priorities USA**

Mailing Address 1718 M Street NW #204

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600000.00

Date of Receipt

06 / 14 / 2016

**Transaction ID : 20160614**

Amount of Each Receipt this Period

2500000.00

☐ Memo Item

In-Kind: Digital Advertising, See Priorities USA entry on line 21b

Full Name (Last, First, Middle Initial)

## **B. Majority Forward**

Mailing Address c/o Perkins Coie  
 700 13th Street NW, Ste 600

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

147866.00

Date of Receipt

06 / 21 / 2016

**Transaction ID : 4638571**

Amount of Each Receipt this Period

147866.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Priorities USA**

Mailing Address 1718 M Street NW #204

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600000.00

Date of Receipt

06 / 16 / 2016

**Transaction ID : 4636429**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3647866.00

3647866.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 24

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Anzalone Liszt Grove Research, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address 260 Commerce Street  
4th Floor

City Montgomery State AL Zip Code 36104

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Category/  
Type**Transaction ID : SB21B-766**

Amount of Each Disbursement this Period

14700.00

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Benenson Strategy Group**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address 720 S. Colorado Blvd  
Ste 500N

City Denver State CO Zip Code 80246

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Category/  
Type**Transaction ID : SB21B-767**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Category/  
Type**Transaction ID : SB21B-784**

Amount of Each Disbursement this Period

80.50

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29780.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. First Data Merchant Services**

Mailing Address PO Box 6010

City Hagerstown      State MD      Zip Code 21741

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 02 / 2016
**Transaction ID : SB21B-785**

Amount of Each Disbursement this Period

1309.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hart Research Associates**

Mailing Address 1724 Connecticut Ave, NW

City Washington      State DC      Zip Code 20009

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2016
**Transaction ID : SB21B-770**

Amount of Each Disbursement this Period

97000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Priorities USA**

Mailing Address 1718 M Street NW #204

City Washington      State DC      Zip Code 20036

Purpose of Disbursement  
In-Kind: Digital Advertising, See Memo Entry

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 14 / 2016
**Transaction ID : SB21B-786**

Amount of Each Disbursement this Period

2500000.00

☐ Memo Item

(Reporting Underlying Vendor for Future Independent Expenditures)

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2598309.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 24

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Precision Network LLC**Mailing Address 1140 Connecticut Ave NW  
Suite 800

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Digital Advertising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2016**Transaction ID : SB21B-786-10000**

Amount of Each Disbursement this Period

2500000.00

☒ Memo Item  
See Miscellaneous Text

Full Name (Last, First, Middle Initial)

**B. McKenna Pihlaja**

Mailing Address 1777 Church Street, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Media Production

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2016**Transaction ID : SB21B-778**

Amount of Each Disbursement this Period

7370.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7370.00

2635459.56

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## WOMEN VOTE!

#### A. Planned Parenthood Action Fund

Mailing Address 123 William St.  
10th Floor

City	State	Zip Code
New York	NY	10038

Purpose of Disbursement	In-Kind: Video Production
-------------------------	---------------------------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : SB29-787

Amount of Each Disbursement this Period

8590.32

 Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

 Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

[illegible]

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

0.00



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 24

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Shorr Johnson Magnus**Nature of Debt (Purpose):  
Media ProductionMailing Address 100 N 20th St  
Ste 201City State Zip Code  
Philadelphia PA 19103-1454

Outstanding Balance Beginning This Period

0.00

Transaction ID : VN5BQ9HC0B6

Amount Incurred This Period

21714.29

Payment This Period

0.00

Outstanding Balance at Close of This Period

21714.29

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

21714.29

2) **TOTALS** This Period (last page this line number only)..... ►

21714.29

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

21714.29

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 18 OF 24  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>McKenna Pihlaja</b>			<input type="checkbox"/> Memo Item	
Mailing Address 1777 Church St NW			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 06 / 03 / 2016	
City Washington		State DC	Zip Code 20036-1301	Amount <span style="border:1px solid black; padding:2px;">8212.00</span>
Purpose of Expenditure Media Production		Category/ Type	Transaction ID : VN7A7A1A133 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 06 / 09 / 2016	
Name of Federal Candidate Anna Throne-Holst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">728467.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>McKenna Pihlaja</b>			<input type="checkbox"/> Memo Item	
Mailing Address 1777 Church St NW			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 06 / 21 / 2016	
City Washington		State DC	Zip Code 20036-1301	Amount <span style="border:1px solid black; padding:2px;">1205.00</span>
Purpose of Expenditure Media Production		Category/ Type	Transaction ID : VN7A7A1DFX1 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 06 / 23 / 2016	
Name of Federal Candidate Anna Throne-Holst		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">728467.00</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border:1px solid black; padding:2px;">9417.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Caroline Fines		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 03 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 19 OF 24  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>Shorr Johnson Magnus</b> *		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 100 N 20th St Ste 201		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City Philadelphia		State PA	
Zip Code 19103-1454		Amount <span style="border:1px solid black; padding:2px;">21714.29</span>	
Purpose of Expenditure Media Production		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate Patrick Toomey		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: <u>00</u> State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1137672.29</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>The Strategy Group, Inc</b>		<input type="checkbox"/> Memo Item	
Mailing Address 703 N Franklin Suite 404		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City Chicago		State IL	
Zip Code 60654-7205		Amount <span style="border:1px solid black; padding:2px;">18175.90</span>	
Purpose of Expenditure Mailhouse		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate Anna Kaplan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>03</u> State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">131808.77</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;">18175.90</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  Caroline Fines		Date <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 20 OF 24  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>					
Full Name of Payee <b>The Strategy Group, Inc</b>			<input type="checkbox"/> Memo Item		
Mailing Address 703 N Franklin Suite 404			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 06 / 13 / 2016		
City Chicago		State IL	Zip Code 60654-7205		Amount <span style="border:1px solid black; padding:2px;">15327.34</span>
Purpose of Expenditure Mailhouse		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : VN7A7A1BMJ9 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 06 / 16 / 2016	
Name of Federal Candidate Anna Kaplan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			District: 03 State: NY		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">131808.77</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Strategy Group, Inc</b>			<input type="checkbox"/> Memo Item		
Mailing Address 703 N Franklin Suite 404			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 06 / 14 / 2016		
City Chicago		State IL	Zip Code 60654-7205		Amount <span style="border:1px solid black; padding:2px;">15327.34</span>
Purpose of Expenditure Mailhouse		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : VN7A7A1BMK7 Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 06 / 16 / 2016	
Name of Federal Candidate Anna Kaplan			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			District: 03 State: NY		
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">131808.77</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶					<span style="border:1px solid black; padding:2px;">30654.68</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶					<span style="border:1px solid black; padding:2px;"></span>
(c) TOTAL Independent Expenditures.....▶					<span style="border:1px solid black; padding:2px;"></span>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Caroline Fines			Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 03 / 2016		
			[Electronically Filed]		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 21 OF 24  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>The Strategy Group, Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 15 / 2016</b>	
Mailing Address 703 N Franklin Suite 404		Amount <b>15327.34</b>	
City Chicago	State IL	Zip Code 60654-7205	Transaction ID : VN7A7A1BMM5
Purpose of Expenditure Mailhouse	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 16 / 2016</b>
Name of Federal Candidate Anna Kaplan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>The Strategy Group, Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 17 / 2016</b>	
Mailing Address 703 N Franklin Suite 404		Amount <b>15327.34</b>	
City Chicago	State IL	Zip Code 60654-7205	Transaction ID : VN7A7A1BMN3
Purpose of Expenditure Mailhouse	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 16 / 2016</b>
Name of Federal Candidate Anna Kaplan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>30654.68</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Caroline Fines</i>		Date MM / DD / YYYY <b>03 / 03 / 2016</b>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 22 OF 24  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>			
Full Name of Payee <b>The Strategy Group, Inc</b>		<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Mailing Address 703 N Franklin Suite 404		Amount <span style="border:1px solid black; padding:2px;">17441.17</span>	
City Chicago	State IL	Zip Code 60654-7205	Transaction ID : VN7A7A1DER9
Purpose of Expenditure Mailhouse	Category/ Type	<span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>
Name of Federal Candidate Anna Kaplan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">131808.77</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>The Strategy Group, Inc</b>		<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">22</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Mailing Address 703 N Franklin Suite 404		Amount <span style="border:1px solid black; padding:2px;">17441.17</span>	
City Chicago	State IL	Zip Code 60654-7205	Transaction ID : VN7A7A1DES7
Purpose of Expenditure Mailhouse	Category/ Type	<span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>
Name of Federal Candidate Anna Kaplan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">131808.77</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		<span style="border:1px solid black; padding:2px;">34882.34</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  Caroline Fines		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 23 OF 24  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00473918</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee <b>The Strategy Group, Inc</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>06 / 23 / 2016</b>	
Mailing Address 703 N Franklin Suite 404		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17441.17</div>	
City Chicago	State IL	Zip Code 60654-7205	<b>Transaction ID : VN7A7A1DET5</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>06 / 23 / 2016</b>
Purpose of Expenditure Mailhouse		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Anna Kaplan		Office Sought: <input checked="" type="checkbox"/> House    District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">131808.77</div>			
Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>06 / 03 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">468647.00</div>	
City Washington	State DC	Zip Code 20007-5161	<b>Transaction ID : VN7A7A1A125</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>06 / 02 / 2016</b>
Purpose of Expenditure Media Buy TV		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Anna Throne-Holst		Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">728467.00</div>			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">486088.17</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <i>Caroline Fines</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>03 / 03 / 2016</b>	
[Electronically Filed]			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>					
Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 3050 K St NW Ste 100			Amount <span style="border: 1px solid black; padding: 2px;">250403.00</span>		
City Washington		State DC	Zip Code 20007-5161		Transaction ID : VN7A7A1DEV2
Purpose of Expenditure Media Buy TV		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">20</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate Anna Throne-Holst			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">728467.00</span>		
Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 3050 K St NW Ste 100			Amount <span style="border: 1px solid black; padding: 2px;">1115958.00</span>		
City Washington		State DC	Zip Code 20007-5161		Transaction ID : VN7A7A1DTE6
Purpose of Expenditure Media Buy TV		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">21</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate Patrick Toomey			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">1137672.29</span>		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">1366361.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">1976233.77</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Caroline Fines			Date <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		

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